

POSITION	ID NO.	DATE
CLASSIFIER	10	4-29-94
EXAMINER	340	5-2-94
TYPIST	389	3/16
VERIFIER		
CORPS CORR.		
SPEC. HAND	401	2/21/95
FILE MAINT.	631	5-5-94
DRAFTING		

BEST AVAILABLE COPY

# INDEX OF CLAIMS

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Claim	Final	Original	Date
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## SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected